



Washington State  
Board of Pharmacy  
P.O. Box 47863  
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(360) 236-4825

## Verification Of Law Study

\_\_\_\_\_ has completed a minimum of eight (8) hours  
of study and discussion of Washington State pharmacy law under my supervision and possesses a working  
knowledge of this law.

Pharmacist Information:

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

License Number \_\_\_\_\_

Pharmacy Information:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

Phone Number \_\_\_\_\_

Date \_\_\_\_\_